

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5647</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Barbara</u> <u>J</u> <u>Cleckner</u> P.O. Box, Bldg., Room No., if any _____ Street <u>10316 W Cameo Dr</u> City <u>Sun City</u> State <u>AZ</u> ZIP Code + 4 <u>85351</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Local 99</u> Labor Organization File Number <u>002-911</u> P.O. Box, Building and Room Number, if any _____ Street <u>2401 N Central Ave 2nd Flr</u> City <u>Phoenix</u> State <u>AZ</u> ZIP Code + 4 <u>85004</u>
5. Position in labor organization. <u>Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Southwest Service Administrators</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>2400 W Dunlap</u> City <u>Phoenix</u> State <u>AZ</u> ZIP Code + 4 <u>85021</u>	7.a. Nature of Interest, Transaction, or Income. <u>12/2004 Holiday Gift Certificate donated back to Local 99 Charity.</u> 7.b. Amount. <u>\$77.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Barbara Cleckner*

On

8/11/05

Date

602-251-0421

Telephone Number

# FORM LM-30

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6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Southwest Service Administrators Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 2400 W Dunlap City <input type="text"/> Phoenix State <input type="text"/> AZ ZIP Code + 4 <input type="text"/> 85021	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 12/2/04 <input type="text"/> New Orleans Palace Cafe 7.b. Amount. <input type="text"/> \$97.00

Signature

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Signed

On   
Date

Telephone Number

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## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

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